

**Executive Overview**  
**Self Determination (SD) Waiver Renewal Proposal**

The Centers for Medicare & Medicaid Services (CMS) has recognized the State's Self Determination Waiver as a model of best practices for other states. A letter from CMS to TennCare dated July 20, 2011 stated the following in reference to the Self Determination Waiver, "We would like to recognize the exceptional aspects of your waiver program. Specifically, we commend your overall quality improvement strategy, which was designed in accordance with CMS' expectations to promote discovery, remediation, and improvement."

The Policy and Program Operations Divisions along with a number of key stakeholders provided input on the existing SD Waiver, reviewed other State SD Waivers and literature in the field regarding best practices. Subsequent to this process, we have finalized the department's Self Determination Waiver renewal proposal.

There were both minor and substantive changes to the SD Waiver. However, most of the waiver has remained the same given the accolades from CMS and person supported satisfaction with the current waiver.

Key Minor Revisions

- Department of Intellectual and Developmental Disabilities (DIDD) replaced Division of Intellectual Disability Services (DIDS).
- Commissioner replaced Deputy Commissioner.
- Deputy Commissioner of Policy and Innovation replaced Assistant Commissioner of Policy and Planning.
- Statewide and Regional Planning and Policy Councils replaced Advisory Committee.
- Family Resource Guide replaced Family Handbook.
- Uniform assessment includes the Inventory for Client and Agency Planning (ICAP) and the Supports Intensity Scale (SIS).
- Indicates the waiver provides for the use of Organized Healthcare Delivery System (OHCDs) arrangements.

## Key Substantive Revisions

- Indicates the department will act as an Organized Health Care Delivery System (OHCDS) for these services: behavior services; dental services; nutrition services; occupational therapy; physical therapy; specialized medical equipment, supplies, and assistive technology; speech, language, and hearing services.
- Strengthened the Day Services definition by clarifying the department's expectations for providers; permits 'retirement' activities such as community/public events and hobbies.
- Permits Day Services providers to deliver facility-based services in community locations.
- Replaced the exception process to receive community-based day services at home and created a new day service called In-home Day Services.
- Creates a new service named Semi-Independent Living Services.
- Clarifies the prohibition against Day, PA, and Respite services when a person is receiving services under a 504 Plan, Individual Education Program (IEP), or is being homeschooled.
- Creates a reimbursement limit for providers who are family members of the person supported of forty (40) hours per week per family member.
- Specifies that providers who are family members of the person supported are required to implement services as specified in the individual support plan (ISP).
- Specifies that the person's Circle of Support is responsible for determining if the use of providers who are family members of the person supported is the best choice for the person.
- Specifies that face-to-face case management monitoring visits occur quarterly or more frequently as needed by the person supported, and said monitoring frequency shall be specified in the ISP/plan of care.